

GENERAL MANAGER'S REPORT

REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF: January, 2015

The	Meter Period for this report is:					throu	gh				
The	Billing Period for this Report is:					throu	gh				
The	Activity Period for this Report is:					throu	ough				
1	Total Water Pumped (TWP) from all Wells	in Met	ering I	Period	I						mg¹
2	Total Water Used for Unidirectional Flu	shing i	n Mete	ring P	eriod						mg
3	Total Water Used for Reactionary Flushi	ng in M	eterin	g Peri	.od						mg
4	Total Water Used for Backwashing Filter	s in Me	tering	Perio	od						mg
5	Total Water Lost and Used Repairing Leaks in Metering Period							mg			
6	Total Other Known Water Used in Metering Period me						mg				
7	Total Water Sold in Metering Period mg							mg			
8	Total Authorized Water Use in Metering Period (sum of 2 through 7) mg							mg			
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8) mg						mg				
10	0 Percentage of TWP that is DSL pct						pct				
11	Total Water Pumped (TWP)from all Wells in 2015 to date mg						mg				
12	2 Total Authorized Water Use in 2015 to date mg						mg				
13	3 Total Distribution System Leakage (DSL) in 2015 to date						mg				
14	Percentage of TWP that is DSL in 2015	o date									pct
15	Residential Accounts in Billing Period		TS ² :		TBR ³ :			TI	MR⁴:		
16	Commercial Accounts in Billing Period		TS:		TBR:			ТІ	MR:		
17	Fire Flow Accounts in Billing Period		TS:		TBR:			ТІ	MR:		
18	Surfside Management in Billing Period		Con	ntract:			R	EIMB ⁵	:		
19	Other / Total Billed in Billing Period			Other:				TB ⁶ :			
20	Past Due Accounts 30 days:	≥60 days	s:	L	ocked	/Off:		Lie	ned F	rop.:	
21	Activity Period Water Main Locat	es:			Cu	stomer	Valves	Inst	talle	d:	
22	Water Quality Complaints: Custon	er Serv	ice Ca	11s:		Other:					

 $^{^{\}scriptsize 1}$ Million Gallons

² Total Services

³ Total Base Rate Billed

⁴ Total Metered Rate Billed

⁵ Reimbursement Billed

⁶ Total Billed

General Managers Report

Report:

There were no major infrastructure failures in December, 2015. We repaired the source meters on North Wells no. 4 and mo. 6 in December. The plant is operating at normal specifications.

I contracted with Ford Electric to move the sub panel from the storage garage that will be torn down to the Treatment Plant. The estimate for the work is \$3,000.00. The subpanel will be in a final location for the DWSRF project.

Bob and I will be selecting applicants for interview the week of January 26, 2015. I hope to have a new hire for an entry level Water Service Worker I in February. The District received some promising applications to the last few days.

The Pacific County Treasurer has changed the way they manage our accounts. I have attached the new reports to my report. They no longer separate our Operations and Operations Reserve accounts. The District will have to amend its fiscal policy to adapt to these changes. We can discuss the options during the General Managers Report at the meeting.

		This Month	YTD
674.200.100: North Beach			
Beginning cash on hand	537,464.42		
Excise & general receipts		156,354.28	946,950.39
Tax collections		0.00	0.00
Transfers in		9,953.75	328,305.20
Reserved cash released		0.00	0.00
Total received		166,308.03	1,275,255.59
Warrants redeemed		0.00	0.00
Disbursements		32,057.90	276,981.96
Transfers out		84,825.93	965,290.34
Cash reserved		0.00	0.00
Total disbursed		116,883.83	1,242,272.30
Ending cash on hand + investments	586,888.62		
Reserved cash	0.00		
Available cash + investments before warrants	586,888.62		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	586,888.62		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

		This Month	YTD
674.200.101: North Beach / Water			
Beginning cash on hand	0.00		
Excise & general receipts		0.00	328,756.32
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	328,756.32
Warrants redeemed		0.00	0.00
Disbursements		0.00	10,404.87
Transfers out		0.00	318,351.45
Cash reserved		0.00	0.00
Total disbursed		0.00	328,756.32
Ending cash on hand + investments	0.00		
Reserved cash	0.00		
Available cash + investments before warrants	0.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	0.00		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

		This Month	YTD
674.200.102: North Beach / 2013 Bond Proceeds			
Beginning cash on hand	1,012,825.78		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		9,953.75	9,953.75
Cash reserved		0.00	0.00
Total disbursed		9,953.75	9,953.75
Ending cash on hand + investments	1,002,872.03		
Reserved cash	0.00		
Available cash + investments before warrants	1,002,872.03		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	1,002,872.03		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

		This Month	<u>YTD</u>
674.200.103: North Beach / Cash Reserve			
Beginning cash on hand	784,476.39		
Excise & general receipts		213.89	3,747.09
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		213.89	3,747.09
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	784,690.28		
Reserved cash	0.00		
Available cash + investments before warrants	784,690.28		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	784,690.28		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

		This Month	YTD
674.200.104: North Beach / PDA Debt Reserve			
Beginning cash on hand	275,965.00		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	275,965.00		
Reserved cash	0.00		
Available cash + investments before warrants	275,965.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	275,965.00		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

		This Month	YTD
674.200.213: North Beach Water 2013 non-voted	d bond		
Beginning cash on hand	0.00		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	0.00		
Reserved cash	0.00		
Available cash + investments before warrants	0.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	0.00		
Beginning bonds outstanding	3,535,000.00		
Bonds issued		0.00	0.00
Bonds redeemed		145,000.00	145,000.00
Ending bonds outstanding	3,390,000.00		



Pacific County Treasurer's Office Receipt Allocation Detail by Fund

Between 12/01/2014 and 12/31/2014

Account	Description	Date	Receipt #	Amount Allocated
674.200.100 North B	each			
674.200.100.343.74	00 NB Water Gen Collect	12/2/2014	G177489	\$12,847.48
		12/3/2014	G177515	\$3,599.00
		12/4/2014	G177546	\$5,888.85
		12/5/2014	G177576	\$4,618.31
		12/8/2014	G177589	\$3,296.29
		12/9/2014	G177612	\$9,020.19
		12/10/2014	G177636	\$3,865.59
		12/11/2014	G177657	\$4,370.28
		12/15/2014	G177724	\$49,341.73
		12/15/2014	G177725	(\$46.30
		12/16/2014	G177747	\$8,163.73
		12/17/2014	G177777	\$9,506.72
		12/18/2014	G177813	\$4,490.40
		12/19/2014	G177839	\$2,572.95
		12/22/2014	G177858	\$2,594.91
		12/23/2014	G177896	\$3,296.18
		12/26/2014	G177917	\$4,718.36
		12/26/2014	G177918	\$963.52
		12/29/2014	G177926	\$7,813.08
		12/30/2014	G177945	\$6,798.50
		12/31/2014	G177975	(\$43.22
		12/31/2014	G177976	\$4,619.17
		12/31/2014	G177993	\$4,058.56
Total for account	343.74.00			\$156,354.28
Total for program	674.200.100			\$156,354.28
674.200.103 North B	each / Cash Reserve			
674.200.103.361.11.	00 NB Water Cash Rerserve Int	12/18/2014	G177821	\$99.27
		12/31/2014	G177993	\$15.54
		12/31/2014	G178001	\$99.08
Total for account	361.11.00			\$213.89
Total for program	674.200.103			\$213.89
Total for entity 67	4.200			\$156,568.17
TOTAL FOR ALL PROG				\$156,568.17



Pacific County Treasurer's Office Allocated Receipts To Date By Department

As of 12/31/2014

All Receipts

			DECEMBER	YTD
674.200.100 North Beac	ch			
674.200.100.343.74.00	NB Water Gen Collect		\$156,354.28	\$946,950.39
		Totals for 674.200.100	\$156,354.28	\$946,950.39
674.200.101 North Bead	ch / Water			
674.200.101.343.74.00	NB Water Gen Collect		\$0.00	\$1,600,691.52
		Totals for 674.200.101	\$0.00	\$1,600,691.52
674.200.103 North Beac	ch / Cash Reserve			
674.200.103.111.40.00	Investment cash		\$0.00	\$89.66
674.200.103.361.11.00	NB Water Cash Rerserve Int		\$213.89	\$4,059.86
		Totals for 674.200.103	\$213.89	\$4,149.52
		TOTALS FOR 674.200	\$156,568.17	\$2,551,791.43
674.200.103.361.11.00	NB Water Cash Refserve Int		\$213.89	\$4,14



DISBURSEMENT ACTIVITY FOR 12/01/2014 THRU 12/31/2014

<u>Bank</u>	Post Date	Remit Date	Fund #	<u>Amount</u>	Description
NB Wate	er BOP				
	12/3/2014	12/3/2014	674.200.100	495.31	CC DISCOUNT
	12/4/2014	12/4/2014	674.200.100	9,424.15	PAYROLL
	12/5/2014	12/5/2014	674.200.100	39.87	TPS FEES
	12/8/2014	12/8/2014	674.200.100	1,709.71	PAYROLL TAX
	12/11/2014	12/11/2014	674.200.100	3,600.77	DRS
	12/16/2014	12/16/2014	674.200.100	5.00	ACH RETURN FEE
	12/17/2014	12/17/2014	674.200.100	5,803.58	EXCISE
	12/18/2014	12/18/2014	674.200.100	9,316.95	PAYROLL
	12/22/2014	12/22/2014	674.200.100	1,623.56	PAYROLL TAX
	1/2/2015	12/31/2014	674.200.100	9.00	NB WATER ACH FILE FEE
	1/2/2015	12/31/2014	674.200.100	25.00	NB WATER ACH MAINT FEE
	12/31/2014	12/31/2014	674.200.100	5.00	NB WATER CHARGEBACK FEE
	Total for NB V	/ater BOP:		32,057.90	
GRAND	TOTAL			32,057.90	



TRANSFER ACTIVITY FOR 12/01/2014 THRU 12/31/2014

From Fund Name To Fund To BARS # Transfer Desc North Beach 674,200.108 397.01.00 December Monthly Transfer North Beach 692,000.200 397.01.00 2014 Dec Vendor Transfer	From BARS # From Fund Name
Fund Name Seach	From Fund Name North Beach
From Fund Name North Beach	North I
441	From Fund From BARS # 674.200.100 674.200.100
Post Date Trans Date 12/26/2014 12/31/2014 12/31/2014	

94,779.68

TOTAL POSTED

Contract of the second	6		W	ASHINGTON STATE							
	20		D	EPARTMENT OF COMMERCE							
Forn A19-				VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42626 OLYMPIA, WA 98504-2525			10	150	CHEST HAWFELL TANKS OF THE	952 -12 9	
		VEN	DOR OR CLAIM	NT (Warrant is to be payable to:)			INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services.				
		PO Box 618	h Water Dis k k WA, 98640				Show complete detail for each item. Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below ce under pensity of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.				
Contact P	erson:			Jack McCarty					0		
Phone:				(360) 665-4144		-1111	فسير ا	150			
Contract			-	11/29/2012 - 11/29/2036			By:	~	101011111111111111111111111111111111111		
Report Pe	riod		12	11-1-14 through 11-30-14	-		Ge	neral Manager (TITLE)	(SIGN IN BLUE INK)	2/5/2014 (DATE)	
		Original Contra	act Amount			T \$	2,190,631			, T	
		Loan Fee (if ar				*	\$0				
Date				DESCRIPTION			dget	Previously Requested	Amount of This Invoice	Award Remaining Balance	
		Net Contract A	mount	5		\$2,19	0,631	\$404,350.24		\$1,786,281	
11110100			100.0110	Request #19							
11/10/20	114	Invoice #13224	4.02-21 / Gray 8	Osborne / Supply & Treatment				\$10,272.			
	-				-17-1-1						
	_										
				T	otals				\$10,272.51	\$1,776,008	
Match: Year	/ Dollars /	/ Coding			PROGRAM	APPROVAL (the	individual signing thi	s voucher warrants they have the author	ty to sign this voucher)	DATE	
DOC DATE			CURREN	T DOC, NO.	REFEREN	CE DOC NO.	VENDOR NUMBER and SUFFIX SWV0110176 00				
					ASD NUMI	nen.		VENDOR MESSAGE			
ACCOUNT N	0.				ASD NOME	век	27010	VENDOR MESSAGE			
	-			SUB							
TRANS				SUB							
CODE	MASTE	R INDEX	SUB OBJ	OBJ	GL	ACCT	SUBSID	AMOUNT		INVOICE	
										DM12-952-129	
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	-				-						
					1						
	_				+						
					-						
	-			-	-						
			the winds								
nou	05.465	VINTING SOCT.	FOR RAPPARA				DATE		LIMADDANY TOTAL		
SIGNATURE	OF ACCC	DUNTING PREPARER	FOR PAYMENT				DATE		WARRANT TOTAL		
ACCOUNTING APPROVAL FOR PAYMENT						DATE					

(F)			ASHINGTON STATE PARTMENT OF COMMERCE			AGENCY NUMBER	R Short Code	Commerce	Contract Number
Forr A19-			VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	1.4 m ¹² 2.40		1030 DM12-9		952-121	
	VEN	DOR OR CLAIMAN	IT (Warrant is to be payable to:)			Submit this fo	NS TO VENDOR OR CLAIM rm to claim payment for mate te detail for each item.	ANT: rials, merchandise, or services.	
	PO Box 618	th Water Distr 3 k WA, 98640	rict			authorized an under penalty services furnis provided with	d on the behalf of the entity ide of perjury that the items and t shed to the State of Washingto	otals listed herein are proper chargi on, and that all goods furnished and age, sex, marital status, race creed,	The individual signing below certifie es for materials, merchandise or for services rendered have been
Contact P	erson:		Jack McCarty					2	
Phone:	100011001	(360) 665-4144				_	70 6	5 0	
Contract I REPORT P			036		Ву:	-0	(SIGN IN BLUE INK)		
ner on i	Lillop	-	7/1/14 7/30/14			Ge	neral Manager		0/8/2014
							(TITLE)		(DATE)
	Original Contra					\$891,123	a .		
	Loan Fee (if ar	ny)				\$8,823			
Date			DESCRIPTION			dget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract A	and the same of th			\$88	2,300	\$647,340.47		\$234,960
044010	044		Request #15					AD D7F F4	
9/16/2	014 Invoice #1322	3.01-11 / Gray & 0	Osborne / Water Main Project					\$2,375.56	
				-		77. C 7. K 1			
-									
				1000					
					1000				
				Totals				\$2,375.56	\$232,584
Match: Year	/ Dollars / Coding			PROGRAM	APPROVAL (Inc	r individual signing thi	s voucher warrants they have the authori	ly to sign this voucher).	DATE
DOC DATE	***************************************	CURRENT	DOC. NO.	REFERENC	E DOC NO.			SW0/0110176 00	
						VENDOR NUMBER and SUFFIX SWW V		3444011017000	
ACCOUNT N	0.			ASD NUMB	ER		VENDOR MESSAGE		
			SUB	-					
TRANS			SUB						
CODE	MASTER INDEX	SUB OBJ	OBJ	GL	ACCT	SUBSID	AMOUN	r	INVOICE
		 		_					DM12-952-121
		 		+		-			D711122 7 D22 1221
31.07.00									
								1.00/140/01/100/01/01/01	
IGNATURE	OF ACCOUNTING PREPARER	FOR PAYMENT				DATE		WARRANT TOTAL	
CCOUNTING	3 APPROVAL FOR PAYMENT					DATE			

Natur∈Solv[™] the environmentally responsible carbonless capsule

SR# 1/141404 -



COLIFOR	KM BACTERIA	ANAL	YSIS
Date Sample Collected	Time Sample Collected		County
12/29/14 Month Day Year	10:35		ei-fic
Type of Water System (check of	only one box)		
1 3 12	_	Private Hous Other	seriola
Group A and Group B Systems			n/ (MEI):
ID# 6 3 0		Andes invento	y y (ver y).
	n Beach	- 	. برجد
	Neal	(00 0	
Day Phone: (360) 665		Cell Phone:	(360)244-0061
Eve. Phone: ()		FAX: ()
Email:			-
Send results to: (Print full name, ad	dress and zip code)	401	
	812		
· ·			
Ocean Par			<u> </u>
	SAMPLE INFORMAT	ION	
Sample collected by (name):	Loosert H	Low L	+
Specific location where sample		Special instr	uctions or comments:
USS# 21/	1711		
/ 25	55- PL		<u> </u>
Type of Sample (MUST CHE	CK ONLY ONE BOX OF #	1 THROUGH	#4 LISTED BELOW)
#1. ☐ Routine Distribution Sa			r unsat. routine)
Chlorinated: YesNo_		bution Systen	
Chlorine Residual: Total	(Pon	ce Groundwat ulation of 1,00	er Rule (GWR) 10 or less)
#3. Raw Water Source Sample	Une		utine lab number:
☐ E.coli – GWR source sam	1 A 4	7 -	
☐ Fecal –Surface, GWI, sor	ne springs	ctory routine	
Other	Onsatisit		/
S	Chlorinal		 No
Public systems must provide source number	r from VVFI	Residual: Tota	
#4. Sample Collected for In		roordadi. Tota	1,100
Investigative Co		Other	
4	INKING WATER RE		LAB USE ONLY
Unsatisfactory Total Colifo		JULIS	Satisfactory
☐ E.coli present	□ <i>E.coli</i> absent		D constanting
<u> </u>			
Replacement Sample Require		_	
☐ Sample too old (>30 hou	•	П	
☐ Improper Container	☐ Turbid culture		
Bacterial Density Results: Plate	Count/r	nl. E.coli	/100ml.
Total Coliform	/100ml. Fecal Colif	orm	/100ml.
Method Code: M 9 7	2238	Date, Time and	Temp Received:
Date Analyzed 12/79	114 8	Date Reported:	12/30/14
Sample Number (DOH number plus five di	gits)	Lab Use Only:	ah :
0 1 7 - 4	10411	17-31 14	r9

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the IMMEDIATE ACTION REQUIRED by a Public System is:

- 1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- 2. Submit repeat samples as specified in WAC 246-290-480
- 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
- 4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, ""TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

NatureSolv[™] the environmentally responsible carbonless cansule

SR# 11414404-002



COLIFORM BACTERIA ANALYSIS

OOLII OIKIII DI	AO I EINIA I	AINALTOIO
Date Sample Collected 1	Fime Sample Collected	County
12/29/14 Month Day Year	Ø:20 □ PM	Parific
Type of Water System (check only one b	100Y) / ET B	<u> </u>
Group A Grou		ivate Household ther
Group A and Group B Systems – Provide	· –	
1 - 2 -		es inventory (vvri).
		water.
Contact Person: 311 N2	Beach	- Wayer
Day Phone: (360) 665-414		ell Phone: (360)244-006
Eve. Phone: ()		X:()
Email:	k.2	
Send results to: (Print full name, address and		
north pea		rter
5.0 BOX 01	70	
Ocean Park	LWA	98640
SAMPLI	E INFORMATIO	N
Sample collected by (name):	next 1	+~ch
Specific location where sample collected	l: Sr	pecial instructions or comments:
NSS#24/23	400	
/Pacifi	< HWY	
Type of Sample (MUST CHECK ONLY		HROUGH #4 LISTED BELOW)
‡1. ☐ Routine Distribution Sample	#2.Repeat San	nple (after unsat. routine)
Chlorinated: Yes No	☐ Distributi	on System
Chlorine Residual: Total Free		Groundwater Rule (GWR)
3. Raw Water Source Sample		on of 1,000 or less)
☐ E.coli – GWR source sample	Unsatis	factory routine lab number:
☐ Fecal –Surface, GWI, some spring		
☐ Other	Unsatisfacto	ry routine collect date:
s		<u> </u>
Public systems must provide source number from WFI	Chlorinated:	Yes No
	Chlorine Res	sidual: TotalFree
#4. Sample Collected for Information	n Only	
Investigative Construction	/ Repairs	Other
LAB USE ONLY DRINKING	WATER RESU	LTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Prese	nt and	Satisfactory
☐ E.coli present ☐ I	E.coli absent	
Replacement Sample Required:		 _
	INTC [٦
	Furbid culture	
Bacterial Density Results: Plate Count_	/ml.	E.coli/100ml.
Total Coliform/100ml	l. Fecal Coliform	/100ml.
Method Code: M 9 223	B Dat	e,Time and Temp Received: 2/29/14 / 447
Date Analyzed 12/29/14	C Dat	e Reported: (2/30/14
Sample Number (DOH number plus five digits)		Use Only:
0 1 7 - 79 0	4 4 11	12 21 11

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. <u>Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted.</u> Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

- Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- 2. Submit repeat samples as specified in WAC 246-290-480
- 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
- 4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, ""TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department \mathbf{OR} the laboratory where this sample was tested \mathbf{OR} the Department of Health, Drinking Water Program Regional Office.

Natur∈Solv[™] the environmentally responsible carbonless capsule

SR# K1414404-003

ALS Environmental 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Comple Collected 7	- Compl-	0
C	ne Sample collected	County
12129114 11	.00 □ PM	Pacific
Month Day Year		
Type of Water System (check only one box		ivate Household
Group A Group I		
Group A and Group B Systems – Provide fi	rom Water Faciliti	es Inventory (WFI):
10# 6 5 0 0	4-	1 20 1 =
System Name:	Beach	th water
Contact Person: 15 / Le		11D1 31 00/11/1 (0)
Day Phone: 660 665-41	/ /	ell Phone:3(244 ())
Eve. Phone: () Email:	[7	X: ()
Send results to: (Print full name, address and zip	code)	9 (_
Lorth Bea		Jay ec
PO. 130x 6	18	
Ocean Park	(e)A	98640
SAMPLE	INFORMÁTIO	N
Sample collected by (name):	1	11.
1480	ert	Tunt
Specific location where sample collected:		pecial instructions or comments:
Pinel	21	
Time of Samuela August august and	PL DOY OF #4 T	UPOUGU #4 LIOTED DEL OM
Type of Sample (MUST CHECK ONLY O #1. ☑ Routine Distribution Sample		nple (after unsat. routine)
Chlorinated: Yes No	☐ Distribut	
Chlorine Residual: Total Free		Groundwater Rule (GWR)
#3. Raw Water Source Sample		ion of 1,000 or less)
☐ E.coli – GWR source sample	Unsatis	factory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 1 7	_ <u> </u>
☐ Other	Unsatisfacto	ry routine collect date:
s		<u> </u>
	Chlorinated:	Yes No
Public systems must provide source number from WFI	Chlorine Res	sidual: TotalFree
#4. Sample Collected for Information (Only	
Investigative Construction /	Repairs	Other
LAB USE ONLY DRINKING V	NATER RESU	LTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present	and	Satisfactory
	coli ábsent	
<u> </u>		
Replacement Sample Required:	TC I	
	bid culture	<u> </u>
Improper Container	Dia Culture	
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.
Total, Coliform /100ml.	Fecal Coliform	/100ml.
44		
Method Code: M 9 2 2 3	19 Dai	e, Time and Temp Received:
Date Analyzed 12 / 26 / 1/4 (P1 Dat	e Reported: 17/30/16
Sample Number (DOH number plus five digits)	/. 2 Lat	Use Only:
0 1 7 - 440	42 1	5 1231 11

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

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RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

NatureSolv[™] the environmentally responsible carbonless capsule

3R# 1/14/41

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	County
2 129/14	Collected /O:45 □ PN	Do . C. c
Month Day Year		Pacitic
Type of Water System (check only	· · · · · · · · · · · · · · · · · · ·	Private Household
Group A 🗆	Group B 🖂 (Other
Group A and Group B Systems – F	Provide from Water Facili	ties Inventory (WFI):
System Name: Nov+N	Bearn	water
Contact Person: Bill N		
Day Phone: (360 665-1	4144	Cell Phone: (360)244-006
Eve. Phone: ()		FAX: ()
Email:		
Send results to: (Print full name, addre	is and zip code)	rev
P.O.BOX WI	18.	
		18640
	MPLE INFORMATION	
\$34	WIFLE INFORMATION	JN
Sample collected by (name): 2	overt 4	400)
Specific location where sample co	llected:	Special instructions or comments:
055#8/ 11	19	
/ 264	/ PL.	
Type of Sample (MUST CHECK	ONLY ONE BOX OF #1	THROUGH #4 LISTED BELOW)
1. ☐ Routine Distribution Samp		imple (after unsat. routine)
Chlorinated: Yes No	Distribu	ition System
Chlorine Residual: Total Fr		Groundwater Rule (GWR) ation of 1,000 or less)
3. Raw Water Source Sample	Uneat	isfactory routine lab number:
☐ E.coli – GWR source sample	1015	
☐ Fecal –Surface, GWI, some	apriliga	
Other	Unsaustaci	ory routine collect date:
S S	000	<u> </u>
Public systems must provide source number fro	m WFI	d: Yes No
<u> La la</u>		esidual: TotalFree
4. Sample Collected for Inform		
Investigative Const		
LAB USE ONLY DRIN	KING WATER RES	
☐ Unsatisfactory Total Coliform	Present and	Satisfactory
☐ E.coli present	☐ E.coli absent	
Replacement Sample Required:		
☐ Sample too old (>30 hours)	☐ TNTC	<u> </u>
☐ Improper Container	☐ Turbid culture	
Bacterial Density Results: Plate Co	ount/ml	E.coli/100ml.
Total Coliform	/100ml. Fecal Colifor	m/100ml.
Method Code: M 9 2	238 %	ate, Tinge and Temp Received:
Date Analyzed 17/29/	14 721 0	ate Reported: 17/20/14
Sample Number (DOH number plus five digits)		ab Use Only:
017-44	5\1 + 1 1	6 12-31 111.

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

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SATISFACTORY RESULTS:

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RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

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SR# 11414404-005



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	County
12 129 114 Month Day Year	Collected // -25 □ PA	11000
Type of Water System (check o		
18 📞	·	Private Household
		Other
Group A and Group B Systems ID# 5	Provide from Water Facil	ties inventory (WFI):
System Name:	h Reach	- Writer
Contact Person: B: 1	1. NeaL	
Day Phone: 860 1665	-4144	Cell Phone: 360)244-0065
Eve. Phone: ()		FAX: ()
Send results to: (Print full name add	dress and zip.code)	buter
KO. Box	618	
Ocean Par	K, U)A.	98640
S	AMPLE INFORMATI	ON
Sample collected by (name):	Robert 1	Hunt-
Specific location where sample	collected: 3314	Special instructions or comments:
	154、	
		THROUGH #4 LISTED BELOW)
#1 Routine Distribution Sa		ample (after unsat. routine)
Chlorinated: Yes No_		ution System
Chlorine Residual: Total		Groundwater Rule (GWR)
#3. Raw Water Source Sample	(Popul	ation of 1,000 or less)
☐ E.coli – GWR source sam	ple Unsa	isfactory routine lab number:
☐ Fecal –Surface, GWI, sor	ne springs $0 1$	<u> </u>
☐ Other	Unsatisfac	tory routine collect date:
s		J1
Public systems must provide source number	r from WFI Chlorinate	d: Yes No
	Chlorine R	esidual: TotalFree
#4. Sample Collected for Inf	formation Only	
Investigative Cor	nstruction / Repairs	_ Other
LAB USE ONLY DR	INKING WATER RES	ULTS LAB USE ONLY
☐ Unsatisfactory Total Colifo	rm Present and	Satisfactory
☐ E.coli present	☐ E.coli absent	
Replacement Sample Require	ed:	
☐ Sample too old (>30 hour		
☐ Improper Container	Turbid culture	
· · · · · · · · · · · · · · · · · · ·		
Bacterial Density Results: Plate	Count/ml	. E.coli/100ml.
Total Coliform	/100ml. Fecal Colifor	m/100ml.
Method Code: M 9 7	235	ate, Time and Itemp Received:
Date Analyzed 12/29	119 00	ate Reported: 12/30/14
Sample Number (DOH number plus five di	1,015	ab Use Only:
0 1 7 - 1 4	1042	6 1231 14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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Insufficient volume. (Sample must be at least 100 ml)

If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department \mathbf{OR} the laboratory where this sample was tested \mathbf{OR} the Department of Health, Drinking Water Program Regional Office.

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SR# h1414404-01



COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected		County
12 129 114		IAM I	acific
Month Day Year	11:15] PM ' '	aci Fi C
Type of Water System (check only	one box)] Private	Household
j ∑ Group A □	Group B	Other _	
Group A and Group B Systems - P	rovide from Water F	acilities Inv	rentory (WFI):
10# 6 3 0	000	2	• • •
System Name: 1) ~ +	In Re	ach	Water
Contact Person: 73:11:2	leaL		-000
Day Phone: 860665-4	144	Cell Ph	one:360 344-0065
Eve. Phone: ()		FAX: ()
Email:		1	
Send results to: (Print full name, addres	s and zip code)	ate	_
DARNE	100		-C
PO. Box 6	-18	aci	(110
Ocean Pork	W#	78	640
SAM	IPLE INFORMA	TION	
Sample collected by (name):	Taber	11	tunt
Specific location where sample coll	ected:	Special	instructions or comments:
NSS# 11/240			
Bird	. Pl		
Type of Sample (MUST CHECK	ONLY ONE BOX OF	#1 THRO	JGH #4 LISTED BELOW)
#1. Routine Distribution Samp			after unsat. routine)
Chlorinated: Yes No	I —	tribution Sy	
Chlorine Residual: Total Fre		rce Groun	dwater Rule (GWR)
#3 Raw Water Source Sample			1,000 or less)
☐ E.coli – GWR source sample	Uı	nsatisfactor	y routine lab number:
☐ Fecal –Surface, GWI, some s	springs 0 1	7	
Other	Unsatis	factory rou	tine collect date:
_ s			
	Chlorin	ated: Yes _	No
Public systems must provide source number from		e Residual	: TotalFree
#4. Sample Collected for Inform	nation Only		
Investigative Constr		Oth	er
	(ING WATER R		
Unsatisfactory Total Coliform I		LUULIU	Satisfactory
☐ E.coli present	☐ E.coli absent		Z-2
			1
Replacement Sample Required:			
☐ Sample too old (>30 hours)	☐ TNTC	Π_	
☐ Improper Container	☐ Turbid culture		
Bacterial Density Results: Plate Co	unt	/ml Ecol	i /100ml.
Total Coliform/	100ml. Fecal Col	iform	/100ml.
Method Code: M 9 2	23B	Date, Time	and/Temp Received:
Date Analyzed 12/79/	14 131	Date Repo	ortex 2/30/14
Sample Number (DOH number plus five digits)	01:1	Lab Use (
0 1 7 - 7 7	276	16 17	31 /4
	enangkowan energia kananan energia.	1	

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

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SR# 1/14/404-007



COLIFORM	BACIERIA	ANALYSIS		
Date Sample Collected	Time Sample Collected	County		
12129114 Month Day Year	1 <u> 35</u> □ F	1/MCIL.'A		
Type of Water System (check only o	one box) ,	Private Household		
Group A 🔲	Group B	Other		
Group A and Group B Systems - Pr	ovide from Water Fac	ilities Inventory (WFI):		
ID# 630	000			
- System Name: () (1)	Beach	- Water		
Contact Person: R	Jeal	10000		
Day Phone: 60 1665-	4144	Cell Phone: 360 244-0068		
Eve. Phone: ()		FAX: ()		
Email:				
Send results to: (Print full name, address	-1- 11	ater		
DO Rev	618	<i>6.5.</i> 1 4		
5	11111	93642		
Clean fork	J'MTT,			
	ÍPLE INFORMAT	IUN .		
Sample collected by (name):	phort	Hunt		
Specific location where sample coll	ected:	Special instructions or comments:		
	5200			
/sauch	idge Rd.	y		
Type of Sample (MUST CHECK C	ONLY ONE BOX OF #	1 THROUGH #4 LISTED BELOW)		
#1. Routine Distribution Sample	e #2.Repeat \$	Sample (after unsat. routine)		
Chlorinated: YesNo	_ Distril	oution System		
Chlorine Residual: Total Free		e Groundwater Rule (GWR) lation of 1,000 or less)		
#3. Raw Water Source Sample				
☐ E.coli – GWR source sample		atisfactory routine lab number:		
☐ Fecal –Surface, GWI, some s	· ·			
☐ Other	Unsatista	ctory routine collect date:		
S	-	<u> </u>		
Public systems must provide source number from	WH	Chlorinated: Yes No		
		Residual: TotalFree		
#4. Sample Collected for Inform				
Investigative Constru	iction / Repairs	Other		
LAB USE ONLY DRINK	ING WATER RE	SULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform F	resent and	Satisfactory		
☐ E.coli present	` ☐ E.coli absent			
Replacement Sample Required:				
☐ Sample too old (>30 hours)	☐ TNTC			
☐ Improper Container	☐ Turbid culture			
Bacterial Density Results: Plate Co.	unt/m	nl. <i>E.coli</i>		
Total Coliform/1	00ml. Fecal Colifo	orm/100ml.		
Method Code: M Q 7	22h	Date, Time and Temp Received:		
MICR- 9 19 4 2	11:00	12/29/14 1447		
Date Analyzed ///	19	Date Reported: 2/30/19		
Sample Number (DOH number plus five digits)	047	Lab Use Only:		
<u> </u>	- 7-∟	10 1631 11		

INTERPRETATION OF RESULTS FOR DRINKING WATER

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- 2. Submit repeat samples as specified in WAC 246-290-480
- 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
- 4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, "'TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.



for the State of Washington TTHM TEST PANEL

(Total Trihalomethanes by EPA METHOD - 524.2)

Distribution System - Report of Analyses

TRIHALOMETHAN	NE ANALYSIS	System Group Type	: ☑ A 🔲 B	☐ Other (Specify):	
Water System ID Nu	mber: 63000 C	System Name:	System Name: North Beach Water Dist.		
Source: S92 (Distribu	ution samples)	County:	Pacific		
Sample Purpose		Date Received (MM	//DD/YY):	12/29/2014	
X	RC – Routine/Compliance	Date Analyzed (MM	I/DD/YY):	1/2/2015	
	C-Confirmation	Date Reported (MM	/DD/YY):	1/16/2015	
	I – Investigative	COMMENTS:	K1414403		
	O – Other				
Send Report to:	William Neal			Bill to (Client Name):	
	WA DOH				

(DOH #)	(0027)	(0028) Bromo-	(0029)	(0030)	(0031) Total
ANALYTE	Chloroform	dichloro-	Chlorodi-	Bromoform	THMS
		methane	bromo- methane		
SRL,ug/L	0.25	0.5	0.5	0.5	
Trigger Level, ug/L					60 *
MCL. Ug/L	CL. Ug/L				80 *
Analytical Method		524.2			
Analysts Initials	GH				

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	Chloro-form	Bromo- dichloro- methane	Chlorodi- bromo- methane	Bromo- form	Total THMs
01744031	12/29/2014	1311 197th Pl.	1.3	ND	ND	ND	1.3
01744032	12/29/2014	3314 281 St.	<mark>0.86</mark>	ND ND	ND ND	ND ND	<mark>0.86</mark>

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL

 \leq (0.00X): The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

*: Value listed is for the sum of the five trihalomethanes.

Additional Comments:



for the State of Washington HALOACETIC ACID (HAA5) TEST PANEL HAA5s by EPA Method 552.2

Distribution System - Report of Analyses

HALOACETIC AC	IDS	System Group Type:	✓ A 🗆	B Other (Specify):	
Water System ID Number: 63000C		System Name:	North B	each Water Dist.	
Source: S92 (Distrib	oution samples)	County:	Pacific		
Sample Purpose		Date Received (MM/I	DD/YY):	12/29/2014	
X	RC – Routine/Compliance	Date Analyzed (MM/	DD/YY):	1/7/2015	
	C-Confirmation	Date Reported (MM/I	DD/YY):	1/13/2015	
	I – Investigative	COMMENTS:	K1414403	3	
	O – Other				
Send Report to:	William Neal			Bill to (Client Name):	
	WA DOH				
Abbreviations: Monochloroacetic Acid="MCCA" Dichloroacetic Acid="DCAA" Trichloroacetic Acid-"TCAA"					
Monobromoacetic Acid="MBAA" Dibromoacetic Acid="DBAA" Total Haloacetic Acids="HAA5a"				Acids="HAA5a"	

(DOH #)	(0411)	(0412)	(0413)	(0414)	(0415)	(0416)	
ANALYTE	MCCA	DCAA	TCAA	MBAA	DBAA	HAA5a	
SRL,ug/L	2	1	1	1	1	. 6	
Trigger Level, ug/L						45 *	
MCL. Ug/L						60 *	
Analytical Method	552.2						
Analysts Initials	СН						

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	MCCA	DCAA	TCAA	МВАА	DBAA	HAA5s
01744031	12/29/2014	1311 197th Pl.	ND	ND	ND	ND	ND	ND
01744032	12/29/2014	3314 281 St.	ND	1.6	ND	ND	ND	1.6

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL

 \leq (0.00X): The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

*: Value listed is for the sum of the five haloacetic acids (MCCA, DCAA, TCAA, MBAA, and DBAA).

Additional Comments

ALS Group USA, Corp. dba ALS Environmental Analytical Report

Client: North Beach Water District

Project Name: Wagardt Pilot

Project No.: NA
Matrix: Water

 Service Request :
 K1414445

 Date Collected :
 12/29,30/14

 Date Received :
 12/31/14

 Date Extracted :
 01/02/15

Total Metals Units: ug/L (ppb)

Analyte: Arsenic
Analysis Method: 200.8

Method Reporting Limit: 0.5
Date Analyzed: 01/05/15

Sample Name	Lab Code	Maximum Contaminait Level: 10.0				
Pre Column #1	K1414445-001	16.6 Raw Water Results				
Post Column #1	K1414445-002	5.8				
Post Column #2	K1414445-003	4.6				
Post Column #3	K1414445-004	4.0				
Post Column #4	K1414445-005	3.4 Filtered with increasing dose of Iron				
Post Column #5	K1414445-006	3.1				
Post Column #6	K1414445-007	2.9				
Method Blank	K1414445-MB	ND				

Comments:

The pilot test is nearling completion. A report will be submitted to the Office of Drinking Water for review and approval by March 1, 2015. I expect approval by May 15, 2015.

Bill Neal